RESOURCE AND PATIENT MANAGEMENT SYSTEM

RPMS EHR Onsite Configuration& Test

Announcement and Agenda

September 30th- October 4th, 2013

Chugachmiut
Seward, AK
Alaska Native Tribal Health Consortium
Anchorage, AK

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1.0   General Information

1.1   Prerequisites

- This activity will be oriented towards Clinical Application Coordinators, Pharmacy Informaticist, Laboratory Informaticist, HIM Professionals, Site Managers, "EHR" Implementation Team Leaders" and other "EHR Team Members" involved with the set-up and implementation of EHR. This advanced activity assumes that participants are Intermediate to Advanced RPMS Users and have experience with RPMS Packages to include:

- Patient Registration

- Scheduling

- Pharmacy

- Laboratory

- Radiology

- Patient Tracking

- Diabetes Management System

- Immunization

- Women's Health

- Clinical Reporting System

- Q-Man

- PCC Management Reports

- TIU

- Billing and Accounts Receivable

2.0   Background

- On February 17, 2009, President Barack H. Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides incentives to encourage healthcare organizations and office-based physicians to adopt electronic health records (EHRs) and other health information technology (HIT) solutions that reduce costs by improving quality, safety and efficiency. The American Recovery and Reinvestment Act contain numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones are related to standards and the work of the Healthcare Information Technology Standards Panel.

2.1   Health Information Technology for Economic and Clinical Health Act

- The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than $19 billion towards healthcare IT related initiatives. The $19 billion dedicated to HITECH is divided into two portions: (a) $17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate "meaningful use" of an approved EHR, and (b) $2 billion available to: providers located in qualifying rural areas; providers serving underserved urban communities; and Indian tribes. "Meaningful use" of an approved EHR will be required in order for providers to qualify for, and continue to receive, benefits from HITECH.

2.2   Incentive Payments

- ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Hospitals that demonstrate meaningful use of certified EHRs and other HIT could be eligible for between $2 million to $8 million. Incentive payments are triggered when an eligible provider (EP) or eligible hospital (EH) demonstrates that it has become a "meaningful EHR user." The highest incentive payments will be granted to EPs and EHs that adopt EHR technology in years 2011, 2012 or 2013. Reduced incentive payments are granted to EPs and EHs that adopt EHR technology in years 2014 or 2015, while no incentive payments are granted to EPs and EHs that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

2.3   Meaningful Use

- "Meaningful use" is a term used by CMS to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs and EHs will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.

- Achieving meaningful use will be accomplished in three stages. Stage 1 began in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

- For the 2011 Medicare incentives, EPs must report on three core measures and a set of specialty measures which vary depending on the EP's specialty. Eligible hospitals must report on a set of 35 measures that includes emergency department, stroke and VTE, among other measures. 2011 reporting of clinical quality measures will be accomplished by attestation. Beginning in 2012 for both Medicare and Medicaid incentives, EPs and hospitals must submit information electronically on both the health IT functionality and clinical quality measures.

3.0   Learning Objectives

- The first health outcomes policy priority specified by the HIT Policy Committee is improving quality, safety, efficiency and reducing health disparities. The HIT Policy Committee has identified objectives and measures for providers to address this priority:

- Provide access to comprehensive patient health data for patient's healthcare team.

- Use evidence-based order sets and computerized provider order entry (CPOE).

- Apply clinical decision support at the point of care.

- Generate lists of patients who need care and use them to reach out to those Patients

- Report information for quality improvement and public reporting.

- Use CPOE – 10%

- Implement drug-drug, drug-allergy, drug-formulary checks.

- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 CM or SNOMED CT® - 80% of all patients have at least one problem recorded

- Generate and transmit permissible prescriptions electronically (eRx) – 75% of all prescriptions

- Maintain active medication list – 80% of all patients

- Maintain active medication allergy list – 80% of all patients have allergy or no allergy recorded.

- Record the following demographics: preferred language, insurance type, gender, race, and ethnicity, and date of birth. – 80% of all patients

- Record and chart changes in the following vital signs: height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over; plot and display growth charts for children 2 - 20 years, including BMI – 80% of all patients.

- Record smoking status for patients 13 years old or older – 80% of all patients.

- Incorporate clinical lab-test results into EHR as structured data – 50% of all clinical lab results ordered by provider.

- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach – Generate at least one list

- Report hospital quality measures to CMS.

- Send reminders to patients per patient preference for preventive/follow-up care to at least 50% of patients with unique conditions.

- Implement five clinical decision support tools.

- Check insurance eligibility electronically from public and private payers – 80% of all patients.

- Submit claims electronically to public and private payers – 80% of all patients.

4.0 RPMS EHR Consultants

4.1 Indian Health Service Office of Information Technology (OIT)

- David Taylor, MHS, RPh, PA-C, RN, OIT EHR Training and Deployment Manager
- Phil Taylor, BA RN, Clinical Consultant (Contractor MedSphere)
- Mollie Ayala, MHI, OIT USET EHR Coordinator
- Catherine Whaley, PMP, EHR Project Manager (Contractor, Data Network Corporation)

4.2 Alaska Area – Alaska Native Tribal Health Consortium:

- Kimiko Gosney, MS, CC(NRCC), ANTHC Clinical Application Coordinator
- Carlene McIntyre, PharmD, MPH, ANTHC Pharmacy Consultant
- Johanna Darrough, ANTHC HIT RPMS Support Manager

5.0 Detailed Agenda All Times are Alaska Time!

5.1 Day 1 Monday

Monday		
8:30	Welcome and Introductions: **All** At the end of this session participants should be able to: • Identify Participant Needs and Expectations (Think Tank) • Identify Roles and Responsibilities of the Clinical Application Coordinator, Site Manager, Informaticist, EHR, Super End User, EHR User, and EHR Team • Review IHS EHR Web Page • Review FTP site • Listserv – archives • RPMS enhancement request • Workflow discussion – show-and-tell of system "as-built" to date • Project Management Plan Update • Complete RPMS Package Owner Assignment	
10:00	**Break**	
10:15	**Multi-Division Set-Up** • Institution File • Location • Medical Center Division • Station • PCC Master Control • PCC Data Entry Site Parameters • Patient Registration Site Parameters • PIMS Scheduling Parameters • Immunization Parameters • BLR Master Control • TIU Parameters • Adverse Reaction Tracking Site Parameters • Pharmacy Site Parameters • Coding Queue Site Parameters • 3P Billing & Accounts Receivable Parameters	
12:00	**Lunch**	
1:00	**Multi-Division Set-Up Continued**	
3:00	**Break –**	
3:15	**Meaningful Use Update**	
5:00	**Adjournment**	

5.2 Day 2 Tuesday

Tuesday		
8:30	**All** Review Previous Days Activities	
9:00	**EHR Parameter Configuration** • Basic EHR Set-Up	

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	• Patient Context Configuration • Encounter Context Configuration • TIU Configuration • TIU User Class • Setting Up Basic Document Parameters • Creating Note Titles • Notifications Configuration • Order Entry Configuration • OE/RR Security Keys • Order Checks • Order Parameters • Print Report Parameters • Set Meaningful Use Clean Date	
10:00	**Break**	
10:15	EHR Parameter Configuration Continued…	
12:00	**Lunch –**	
1:00	EHR Parameter Configuration Continued…	
3:00	**Break**	
3:15	EHR Parameter Configuration Continued…	
5:00	**Adjournment**	

5.3   Day 3 Wednesday

Wednesday		
8:30	**All** Review Previous Days Activities	
9:00	**User Setup: (Site Manager & CAC)** Add a New User, Personal Preferences At the end of this session, participants should be able to: • Identify various data components that are required when setting up a new user • Demonstrate the steps used in establishing an electronic signature for the new user • Compare and Contrast the Functionalities of the ORES, ORELSE, and OREMAS Ordering Keys • Security Keys • GMRA Keys • TIU User Class • AVA Provider Enter/Edit Set up • Review Personal Preferences • Person Class	
10:00	**Break**	
10:15	**Hospital Location Clinic Set Up** • Basic Set up • Clinic Code Mapping • Time Slots • PCC Visit Context	
12:00	**Lunch**	
1:00	**Pharmacy**	

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	• Parameters • Menus • Auto Finish Set up • CII Template Set up	
2:00	**Break**	
2:15	**Orders** • Site Parameters • Quick Orders • Reports	
5:00	**Adjournment**	

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5.4   Day 4 Thursday

	Thursday	
8:30	**All** Review Previous Days Activities	

9:00	**Health Summaries & Patient Wellness Handouts & Reports**
	• Health Summary Supplements
	    ○ Anticoagulation, Asthma, Diabetes, Pre-Diabetes, Woman's Health
	• Patient Wellness Handout
	    ○ PWH Med Rec, PWH Client
	• Hang Reports	

10:00	**Consults** • Identify and create consults (Nutrition, Tobacco Education, Care Coordination, Behavioral Health) • Review and discuss closing a consult • Overview and demonstrate attaching a TIU template to a consult • Demonstrate how to run consult report and discussion of RPMS keys	
12:00	**Lunch**	
1:00	**TIU Templates** • Delineate guidelines for TIU Templates • Overview and demonstration of data objects • Review importing and exporting templates • Configure TIU Templates **Generic Orders** • Identify and create Nursing and Text Orders • Overview and discuss Generic Order's • Create and demonstrate generic order • Review generic orders display in EHR **Quick Notes** • Demonstrate set up and implementation of Quick notes • Identify steps to train others to use Quick notes	
3:00	**Break**	
3:15	**Pick-Lists** • Patient Education • ICD 9 • Superbill • Immunizations • Review of basic troubleshooting and maintenance	

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	• Demonstrate and discuss Importing and exporting	
	Basic Coding Queue Overview	
	• Basic User Functions	
	• PCC Review & EHR Review	
	• Reports	
5:00	**Adjournment**	

5.5   Day 5 Friday

Friday		
8:30	**All** Review Previous Days Activities	
9:00	**ROI – release of information**	
10:00	**Break**	
10:15	**RCIS and CHS Package** • Site Parameters • Mailman Set-up • Mini-Referral Templates • Reports	
12:00	**Lunch**	
1:00	**Overview Third Party Billing & transmission of data to Clearinghouse** • Basic User Functions • PCC Review & EHR Review • Reports **Posting transactions to A/R**	
3:00	**Break**	
3:15	**Wrap-Up and Evaluation**	
5:00	**Adjournment**	

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